

Veterans Health Administration Office of Academic Affiliations

2002 LEARNERS' PERCEPTIONS SURVEY



This booklet contains questions which ask you to rate various aspects of your current VA clinical training experience. Information from this survey will provide feedback for identifying areas of excellence as well as areas needing improvements. Please base your answers on your most recent experience at the VA facility identified on the label on the back of this booklet.

This is a confidential survey; anonymity of individual respondents will be preserved.

Please mail the completed questionnaire in the postage-paid envelope that came with the questionnaire as soon as possible. You may also respond to this questionnaire on the Internet at the survey's web site, <http://www.on-linesurvey.com/vhalearners>, using the identification number on the label on the back page of this booklet.

If you have any questions about how to complete the survey, please call 1-800-659-5432 and ask for the Learners' Survey Project Manager.

Thank you for participating in this survey.

INSTRUCTIONS

- ◆ Use a soft lead pencil. It is easier to make corrections if needed.
- ◆ Make solid marks that fill in the circle completely.
- ◆ Fill in only one answer bubble for each question.
- ◆ Watch for "SKIP TO" instructions - they tell you when to skip over questions you do not need to answer.
- ◆ Mail the completed questionnaire in the postage-paid envelope provided.

PLEASE DO NOT WRITE IN THIS AREA



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1. Please indicate your discipline of study and the degree or level of training of the most recent program at the VA medical facility shown on the back page: **(MARK ONLY ONE CIRCLE)**

Audiology & Speech Pathology

- ☐ Master's
☐ Post-master's fellowship (CFY)
☐ Doctoral

Chaplaincy

- ☐ Certificate
☐ Master's
☐ Doctoral

Dentistry

- ☐ Dental assistant or hygiene program
☐ Dental Student
☐ Residency/fellowship - PGY 1
☐ Residency/fellowship - PGY 2
☐ Residency/fellowship - PGY 3
☐ Residency/fellowship - PGY 4
☐ Residency/fellowship - PGY 5
☐ Residency/fellowship - PGY 6
☐ Post-residency VA Dental Research Fellow

Dietetics

- ☐ Associate
☐ Baccalaureate
☐ Post-baccalaureate Internship
☐ Master's (Coordinated Master's Internship)

Health Information

- ☐ Baccalaureate or below
☐ Master's

Health Services Research & Development

- ☐ Post-doctoral associated health
(non-physician/dentists) fellows

Imaging (Radiologic/Ultrasound Tech, etc.)

- ☐ Certificate or Associate
☐ Baccalaureate or Master's

Laboratory

- ☐ Certificate or Associate
☐ Baccalaureate or Master's

Medical

- ☐ Medical Student
☐ Residency/fellowship - PGY 1
☐ Residency/fellowship - PGY 2
☐ Residency/fellowship - PGY 3
☐ Residency/fellowship - PGY 4
☐ Residency/fellowship - PGY 5
☐ Residency/fellowship - PGY 6
☐ Residency/fellowship - PGY 7
☐ Post-residency Physician in a VA Special
Fellowship (Ambulatory Care, National
Quality Scholars, Women's Health, etc.)

Medical/Surgical Support (Biomedical, Cardiovascular, Respiratory, Surgical Tech, etc.)

- ☐ Certificate or Associate
☐ Baccalaureate or Master's

Nurse Anesthetist

- ☐ Certificate
☐ Master's

Nursing

- ☐ Certificate (Aides, Assistants, LPN/LVN)
☐ Associate
☐ Baccalaureate
☐ Master's or Post-master's fellowship
☐ Doctoral or Post-doctoral fellowship

Optometry

- ☐ Optometry Student
☐ Residency/fellowship

Pharmacy

- ☐ Certificate or Associate
☐ PharmD (Not resident)
☐ Residency/fellowship

Physician Assistant

- ☐ Baccalaureate
☐ Master's

Podiatry

- ☐ Podiatry Student
☐ Residency/fellowship

Psychology

- ☐ Master's or below
☐ PhD/PsyD (Not intern)
☐ Intern
☐ Post-doctoral fellowship

Rehabilitation (OT, PT, KT, etc.)

- ☐ Certificate or Associate
☐ Baccalaureate
☐ Master's or Post-master's fellowship
☐ Doctoral or Post-doctoral fellowship

Social Work

- ☐ Baccalaureate
☐ Master's or Post-master's fellowship
☐ Doctoral

Other

- ☐ Certificate or Associate
☐ Baccalaureate or Master's
☐ Doctoral
☐ Post-doctoral associated health fellowship

Response	Percentage
Not applicable	10.0
Very dissatisfied	10.0
Somewhat dissatisfied	10.0
Neither	10.0
Somewhat satisfied	10.0
Very satisfied	10.0

Response	Percentage
Not applicable	100%
Very dissatisfied	0%
Somewhat dissatisfied	0%
Neither	0%
Somewhat satisfied	0%
Very satisfied	0%

6. Please rate your satisfaction with the **PHYSICAL ENVIRONMENT** at the VA facility in the following areas:

	Very satisfied	Somewhat satisfied	Neither	Somewhat dissatisfied	Very dissatisfied	Not applicable
Convenience of facility location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of phones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of needed equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintenance of equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facility maintenance/upkeep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lighting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heating and air conditioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facility cleanliness/housekeeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Call rooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of food at the medical center when on call	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OVERALL SATISFACTION WITH THE PHYSICAL ENVIRONMENT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Have you ever had a clinical training experience at the same or equivalent level as your most recent VA training at a community or university hospital, or other setting outside the VA?

☐ No **SKIP TO QUESTION 10**
☐ Yes **CONTINUE WITH QUESTION 8**

8. How would you compare your most recent VA clinical training experience to other **non-VA** clinical training experiences you have had at the same or equivalent level?

	A lot better	Somewhat better	About the same	Somewhat worse	A lot worse	Not applicable
VA clinical faculty and preceptors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA facility staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA learning environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA working environment (e.g. patient load, call schedule, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA physical environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Degree of autonomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Degree of supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Usefulness of what you learned at VA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OVERALL EXPERIENCE AT VA COMPARED TO NON-VA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. On a scale of 0 to 100, where 100 is a perfect score and 70 is a passing score, what **NUMERICAL SCORE** would you give the **NON-VA** clinical training you have had?

Enter numerical score for your non-VA clinical training experience and shade in the appropriate circles

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<input type="radio"/>	0	<input type="radio"/>
<input type="radio"/>	1	<input type="radio"/>
<input type="radio"/>	2	<input type="radio"/>
<input type="radio"/>	3	<input type="radio"/>
<input type="radio"/>	4	<input type="radio"/>
<input type="radio"/>	5	<input type="radio"/>
<input type="radio"/>	6	<input type="radio"/>
<input type="radio"/>	7	<input type="radio"/>
<input type="radio"/>	8	<input type="radio"/>
<input type="radio"/>	9	<input type="radio"/>

DEMOGRAPHIC INFORMATION

This information will only be used in the analysis of the results. It will not be used to identify any survey respondent.

10. What is your gender?

- ☐ Male
☐ Female

11. How long have you been in your **current** training program? Enter the number of **WEEKS** or **MONTHS** or **YEARS**.

	1	2	3	4	5	6	7	8	9	10	11	12
WEEKS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
or												
MONTHS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
or												
YEARS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. What **percent** of that time has been spent at **this** VA facility?

Enter the percent of the time you spent at this VA facility and shade in the appropriate circles

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<input type="radio"/>	0	0
<input type="radio"/>	1	1
<input type="radio"/>	2	2
<input type="radio"/>	3	3
<input type="radio"/>	4	4
<input type="radio"/>	5	5
<input type="radio"/>	6	6
<input type="radio"/>	7	7
<input type="radio"/>	8	8
<input type="radio"/>	9	9

RATING VA TRAINING

And now a few final questions to sum up your VA clinical training experience:

13. How would you **RATE THE VALUE** of your **MOST RECENT VA CLINICAL TRAINING EXPERIENCE** at this facility?

- ☐ Excellent
☐ Very good
☐ Adequate
☐ Fair
☐ Poor

14. On a scale of 0 to 100, where 100 is a perfect score and 70 is a passing score, what **NUMERICAL SCORE** would you give your **MOST RECENT** VA clinical training experience?

Enter numerical score for your VA clinical training experience and shade in the appropriate circles

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<input type="radio"/>	0	0
<input type="radio"/>	1	1
<input type="radio"/>	2	2
<input type="radio"/>	3	3
<input type="radio"/>	4	4
<input type="radio"/>	5	5
<input type="radio"/>	6	6
<input type="radio"/>	7	7
<input type="radio"/>	8	8
<input type="radio"/>	9	9

15. Would you **RECOMMEND** this **VA CLINICAL TRAINING EXPERIENCE** TO **OTHER LEARNERS** in your discipline of study?

- ☐ Yes
☐ No

16. Based on your experience to date, if you had a choice, how likely would you be to **CHOOSE THIS TRAINING EXPERIENCE AGAIN**?

- ☐ Definitely **would** choose this clinical experience again
☐ Probably **would** choose this clinical experience again
☐ Probably **would not** choose this clinical experience again
☐ Definitely **would not** choose this clinical experience again

17. The space below and on the next page is available for your comments regarding your VA clinical training experience. Please provide comments on the most valuable aspects of your VA clinical training experience and the areas most in need of improvement. These comments will be shared with the medical facilities in order to improve the clinical training experience. Please be careful about including any information that may identify you.

Comments regarding your **CLINICAL FACULTY OR PRECEPTORS** (Refer to page 3, question 3)

Comments regarding the **LEARNING ENVIRONMENT** (Refer to page 4, question 4)

Comments regarding the **WORKING ENVIRONMENT** (Refer to page 4, question 5)

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Comments regarding the **PHYSICAL ENVIRONMENT** (Refer to page 5, question 6)

OTHER COMMENTS regarding your VA clinical training experience

Thank you very much for taking the time to complete this survey. Your answers are very important.

Please mail the questionnaire in the enclosed postage-paid envelope to:

VA Learners' Survey Project Manager
Schulman, Ronca, & Bucuvalas, Inc.
8403 Colesville Road
Suite 820
Silver Spring, MD 20910

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